



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

RECEIVED

3/4/93
SB

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

30 FEB 1993 1 55

FOR OFFICIAL USE ONLY

COMMENTS

C
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED
YR. MO. DAY

ST LOUIS CITY

C
F

MOD985819430

T/A C
1

510

I. NAME OF INSTALLATION

CONGORDE BRANDS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

8155 NEW HAMPSHIRE

CITY OR TOWN

STATE

ZIP CODE

ST. LOUIS

MO

63123

III. LOCATION OF INSTALLATION

STREET AND NUMBER

8155 NEW HAMPSHIRE

CITY OR TOWN

STATE

ZIP CODE

ST LOUIS

MO

63123

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

LARRY A KLUESNER

314 832 7575

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

SUNMARK INC

P (PRIVATE)

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☐ 1a. GENERATOR ☒ 1b. LESS THAN 1,000 KG./MO.
☐ 2. TRANSPORTER
☐ 3. TREATER/STORER/DISPOSER
☐ 4. UNDERGROUND INJECTION
☐ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter "X" & mark appropriate boxes below)
☐ A. GENERATOR MARKETING TO BURNER
☐ B. OTHER MARKETER ☐ C. BURNER

447430

RCRA RECORDS
ON-SITE BURNER)
CLAIMS THE OIL MEETS THE SPECIFICATION

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER "X" IN THE APPROPRIATE BOX(ES))

- ☐ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

										ID - FOR OFFICIAL USE ONLY									
										C W									

X. DESCRIPTION OF HAZARDOUS WASTE

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.																	
AMOUNT AND FREQUENCY	lbs.				lbs.				lbs.				lbs.				

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.																	
AMOUNT AND FREQUENCY	lbs.				lbs.				lbs.				lbs.				

C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO.																	
AMOUNT AND FREQUENCY	lbs.				lbs.				lbs.				lbs.				

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND FREQUENCY	1. IGNITABLE (D001)		2. CORROSIVE (D002)		3. REACTIVE (D003)	
	400 lbs.	B	lbs.		lbs.	
AMOUNT AND FREQUENCY	4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.					
	lbs.		lbs.		lbs.	

MISSOURI REQUIRED INFORMATION

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____

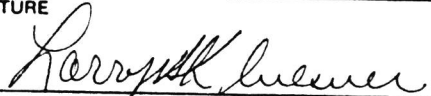
PRINCIPAL BUSINESS ACTIVITY MANUFACTURING OF NON CHOCOLATE CONFECTIONS

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) 2064

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY ☐

XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME AND OFFICIAL TITLE (TYPE OR PRINT) LARRY A. KLUESNER SR. TECHNICAL ENGINEER	DATE 11 FEB '93
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